V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06074
1. PLACE OF DEATH	92:0
County Fierord	Registration Dist. No. 183
Village or City tarrettairle	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Sc Celmon	4
(a) Residence: No. Janethavella (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Musch 12 1863	I last saw h alive on frame 19.3 %; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
71 2 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Salva January 9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and the support in this securation).	Valvular Heart Disease Both
12. BIRTHPLACE (city or town) White Hall	Other Contributory Causes of importance:
(State or country) Balto Co ned	
13. NAME Colo Janes Cilmong 14. BIRTHPLACE (city of town) White Hall (State or country) Balto- Le	Name of operation Date of Date of What test confirmed diagnosis?
15. MAIDEN NAME Sulid Elysteth Sundarse 16. BIRTHPLACE (city or town) Shade Balto Co (State or country) 17. INFORMANT MAS R & Gross	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMITION, OR BEMOVAL Place Visit deputy em Date June 12, 1934	Manner of injury
19. UNDERTAKER (Addiess) Janubertaker	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 1 1934 Thomas (1 Brown Recistrar.	(Signed) A A Bradley M. D. (Address) Gandlerelle Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1000			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 120

BINDING

FOR

RESERVED

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	(93-E)
County Harry	Registration Dist. No. 183
	NoSt.,Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	,
2. FULL NAME Step stell Dear (a) Residence: No. Forest Will	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Memole whete S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Olive Bearing	22. I HEREBY CERTIFY, That I attended daceased from
1864 - 1	195 10 10 195
DATE OF BIRTH (month, day, and year)	I last saw has alive on June 7 1934; death is sa
AGE Years Months Days If LESS than 1 day,hrs.	THE TAIL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	were as follows: Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	the myocardial Disease 4m
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	J
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
2. BIRTHPLACE (city or town) Floyd Co Verguia (State or country)	Other Contributory Causes of importence:
13. NAME not know	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au opsy
15. MAIDEN NAME anne Marlin	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Grantlyn Co	Accident, suicide, or homicide? Oate of injury, 19
(Stata or country) Dresgence	Whera did injury occur?
7. INFORMANT Lott J. Seamer g. (Address) Fourt Hell med	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place assettantle Cen Date June 9 34	Manner of injury
9. UNOERTAKER Spring of our (Address) James Soulle med	24. Was disease or injury In any way related to occupation of deceased?
0. FILEO June 9 , 1934 Thomas R Brown Registrar.	(Signed) Willard P. Auddon M. (Address) Wild Mell Mell

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 30 1 V S	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—W

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06077
1. PLACE OF DEATH	£2-00
County Harry	Registration Dist. No. / 8 4
Village or City Deardy	No. St. Ward
/F (II	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where daath occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William N/Ose	150
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OF RACE 5. STRGLE, MARKED, WIDOWED.	21. DATE OF DEATH
male. While Widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(OF WIFE OF Blenor Bucke	may 30 1934 to June 3 1934
6. DATE OF BIRTH (month, day, and year) July 16 3 1860	I last saw harm aliva on Trans 02 193 4 : death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at
73 9 17 lady,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance wera as follows:
8 Trada profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Cerebral Humanling May 30
9 Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc.	10/30
U 10. Data daceased last worked at 11. Total time (yaars)	
this occupation (month and year) spent in this occupation 50 year	
12. BIRTMPLACE (city or town)	Other Contributory Causes of ignortance:
(State or country)	
13. NAME Wor & Bucke	4
13. NAME WE KSUKE 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What tast confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME CIMIL MOOOCK 16. BIRTHPLACE (city or town)	23. If daath was due to external causes (VIOL ENCE) fill In also tha following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(Stata or country)	Whare did injury occur?
17. INFORMANT CANCEL CANCEL (Address)	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVADO	Mannar of injury
Place Staly Ville Date June 6, 1930	Natura of injury
19. UNDERTAKER Swittelden	24. Was disaasa or injury in any way related to occupation of deceased?
(Addiass) Dolla fa	if so, specify
20. FILED JULIE 5, 1934 N. J. Mchalle	(Signed) What S Milkeus M. D.
Registrar.	(Address) And L

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
. HH H 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

BIND	
FOR	
RESERVED	
MARGIN B	

V. S. No. 1 N. B.

TATE C)F	MARYLAND—CERTIFICATE OF DEATH	06078

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-6
County County	Registration Dist. No. 184
Village or City Williage Or City (1)	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James a Cohor	lle
(a) Residence: Nø	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX / 4. COLOR ON BARE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR Storeto of the Word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH (month day and year) MAG 2-7-1926	/ last saw h alive oh 193 7 death is said
6. DATE OF BIRTH (month, day, and year) YM 20 - 1720 7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 1/2 2/2 2/2
0 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	1000 - 24 July - 064
9. Industry or business in which	(0-10-0-04 OD-
work was done, as SILK MILL, SAW MILL, BANK, etc	Oxganic Result Sissease Devotion , Degard.
	Proceeded by change after land along
year)occupation	Other Contributory Causes of Importance: tism. Curg. 83.
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME / J. Choule 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Dake Dec. Breker	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CALLED WHICH ON MICH.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Stale Medge Confide June 201934	Nature of injury
19. UNDERTAKER Switchelen	24. Was disease or Injury in any way related to occupetion of deceased?
(Address) Della la	If so, specify
20, FILED Lang 19-19 34 26: 1 mc habb	(Signed) A Continued M. D.
20. FILED Letter 19-719-34 TO LANGE Registrar.	(Address) Canday ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
10 June 10 Jun	Are Access		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82-0)
. County Harlard	Registration Dist. No. 184
Village or City De grando	No. St. Ward
Cu (If	death occurred in a horpital or institution, give its NAME instead of street and number)
\sim \sim \sim \sim \sim \sim \sim	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME / Clivicos Wirlas	3
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(O) WIFE OF Mildred M. Creasa.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Quay 13 1894	last law him alive on frank IB 1934 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1/1/1m.
39 10 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trade profession or particular	Date of onset
Trade, profession, or particular kind of work done, as SPINNER, Carfuntar SAWYER, BOOKKEEPER, etc.	Circlinal demandinal had
9. Industry or business in which work wes done, as SILK MILL, forwering SAW MILL, BANK, etc.	1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	V
year) 1934 occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) - La lady (State or country)	Cities Continued of Importance.
13. NAME Beverly Creasy	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(Stete of Country)	What test confirmed diagnosis? Wes there an autopsy?
15, MAIDEN NAME Mary Clark 16. BIRTHPLACE (city or town) (State or coupley)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT // Milared Clary (Address) 69 arling md	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Navingtonin Date July 1, 19.3 4	Neture of injury
19. UNDERTAKER ATION Bailey (Address) A A Singapore	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 29, 1934 M. Ch. Kirls Registrar.	(Signed) The state of the state
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

TION is very important. See instructions on back of certificate.

B. ż 4.004

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Harford Co.	Registration Dist. No. 180
Village or City D Creamess	No. St Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Eliz. Pleas and	Dallam
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Hume Mule 1 small	(Month) (Oak) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
20 20 101-1	, 19, 10
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Oays If LESS than	I last saw h alive on, 19; death is said
C/D 1 day hrs.	to have occurred on the date stated above, at
83 3- ormin.	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	Near projection
SAWYER, BOOKKEEPER, etc. // Journal of the same of the	· Derd deulen
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Total time (years)	
o this occupation (month end spent in this occupation occupation	
OD HOLLO DO	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
II 13. NAME A illia A all	
E Mariani	
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Josephine Philipper	23. If death was due to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Josephine Melytes 16. BIRTHPLACE (city or town) - Hargurd County (State or county)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT DEPRIMENT. Dellam	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Belliere, margiand	Stone
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place St Manys Date July 1, 1934	Nature of Injury
19. UNDERTAKER Howard K Inclosing	24. Wes disease or injury In any way related to occupation of deceased?
(Address) About gown, md	If so, specify
20 EUE Odine 31 10311 Fred morth	(Signed) Hopking, M.O.
20. FILEO June 30., 1934 Thed III rlook. Registrar.	(Address) Bel Gen nid
If move blanks are needed address State Pain	A A C L C P L C P L C P L C P L C P L C P L C P L C P L C P L C P L C P L C P L C P L C P L C P L C P L C

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	distribution of the control of the c	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		LECEIA-	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 | Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06082
1. PLACE OF DEATH	(33)
County Harbord	Registration Dist. No. /8
Village or City Ball C: P. 5 12	NoSt.,Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?yrsmosds.
Length of residence in city or town where death occurredyrs,2mos,	1
2. FULL NAME Jady Magness	1acl
(a) Residence: No. The Country (Usual place of abode)	St., Ward. If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The second of the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If marriad, widowed, or divorcad	
(or) WIFE of	1 HEREBY CERTIFY. That I attended to eased from
2000	1954, to 100, 1954
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Oays If LESS than	to have occurred on the date status above, at \$2.30.4.m.
7 / I day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and raiatad causes of importance
9 Fred profession or particular	ware esfollows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	Mar - 19-33
9. Industry or businass in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc	
tino occupation ting and	
year) occupation occupation	Othar Contributory Canses of Importance:
12. BIRTHPLACE (city or town) 19 19 19 19 19 19 19 19 19 19 19 19 19	
1 On Williams	
13. NAME Clarence Magness.	Name of operation Oate of Oate of
(Stata or country)	Name of operation Oate of What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME	23. If death was due to extarnal causes (VIOL ENCE) fill in elso the following:
H. Mal	Accident, suicide, or homicide? Date of injury, 19
16. BIRTHPLACE (city or town)	Whera did injury occur?
me Luis France	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass) Bel Gin R. F. P.	
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Mer from terrelly Date June 17, 1934	Nature of injury
19 UNDERTAKER Seria Jarring Sims	24. Was diseasa or injury in any way related to occupation of dacaased? / VO
(Addrass) Cherlier Ind	If so, spacify The American American
20. F1 Estime 16, 1934 ME (Kichardson	(Signed) M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis E VE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BARRIAN V.			
Other contributory causes of importance:	am vi	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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mation

M

V. S. No. 1

TION

FAT

MOTHER

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town) (Stete or country)

15. MAIDEN NAME

17. INFORMANT

19. UNDERTAKER

(Address)

should state of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Sarford	Registration Dist. No. 181
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
200:11. 10	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Milliam Chas. M. J.	safin
(a) Residence: No. (Luar Start Start (Luar place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DAVORCED (write the word) Marie	21. DATE OF DEATH (Month) (Day) (Pear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Jannie Trafton	1 HEREBY CERTIFY. Thet I attended offerased from
6. DATE OF BIRTH (month, day, and year) July 25-1858	I last saw h alive on, 1927_; death is seid
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at a 15 fem. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	Melonotei Jusernolono?
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	200 0
10. Date deceased last worked at this occupation report and 1934 spant in this year) 11. Total time (years) spant in this year) year) 12. 4	Melano-Sarroma: origination in skin and other supportional tissues of night shoulder and other
12. BIRTHPLACE (city or town) Auford Co (State or country)	Other Contributory Canses of Importance: Duration: several years.
# 13. NAME Corbin Brafton	metastases Gacame general

(Specify city or town, county and State)
In INDUSTRY, In HOME, or In PUBLIC PLACE Manner of injur If so, specify

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy.	1 week ago
Chronic interstitial nephritis BI & AII V	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06084
1. PLACE OF DEATH	210-m
county Harford	Registration Dist. No. 165
Village or City Havre de Frace	No. St., Ward
3 3	death occurred in a hospital frinstitution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tichard Hawk	ino
	CA Mand
(a) Residence: No. Yavra Cle (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 193. 4
5a If merriad widowed or divorced	(Month) (Day) (Yeer)
5a. If merriad, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thet attanded deceased from
7/0/05/	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) Tel. 8, 1904	l lest saw h alive on, 19; deeth is sald
7. AGE Yaars Months Days If LESS than 1 dayhrs.	to have occurred on the date stated ebove, atm.
20 7 9 ormin.	The PRINCIPAL CAUSE OF DEATH and releted causas of importance ware as follows: Dato of onset
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	Fracutred Skull due to
SAWYER, BOOKKEEPER, etc.	automobile Accident operated
work was done, es SILK MILL, SAW MILL, BANK, etc.	by person orpersons unknown
11 Date deceased last worked at	
this occupation (month and rune 34 spant in this occupation is year)	
12. BIRTHPLACE (city or town) Harford 6	Other Contributory Causes of importance:
(State or country)	
13. NAME George Trawkens	
13. NAME George Touries	Name of operation Date of
(Steta of country)	Whet tast confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME / Nattie Webster 16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOLENCE) fill In also tha following:
6 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Accidentoate of injury 6 18/3,49
State or country)	Where did injury occurnear Havre de Grace Md
17. INFORMANT George Truwberro J. (Addrass) Affronde Reace Inch	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Charel Hell Date June 21, 1934	Neture of injury
Walley Madian Mitchell	24. Was disease or injury in any way related to occupation of daceased?
19. UNDERTAKER AUTE LE GLACE Md.	If so, spacify
La rura June 19 134 blanter O Jahr Ost	(Signed) TOTH. MOOTY OUT WAND.
20. FILED JUNE 19, 1994 Bracello J Study Registrar.	(Adupés) Havre de Grace, Md

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example	70		Example II	
The principal cause of death and of importance were as follows:	elated causes	te of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	2 8 1	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	0	1921	Run over by street car	1 week ago
Cerebral hemorrhage	3	u 5,1927	Peritonitis	3 days ago
Other contributory causes of impo	rttince	E I	Other contributory causes of importance:	,
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. BWRITE PLAINLY, WITH NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
	1		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08085
1. PLACE OF DEATH	82-d)
County Harford	Registration Dist. No. 184
Village or City Cardiff	ND. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	death occurred in a horpital or manuation, give its 14/4/4/E, instead of street and number) ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Peterca He	aps
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemole White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rainte the word)	21. DATE OF DEATH Sure 8 (Month) (Day) (Year)
is. If married, widowad, or divorced HUSBAND of (or) WIFE of Acof Heoles	22. I HEREBY CERTIFY, Thet I ettended deceased from
5. DATE OF BIRTH (month, day, and yaar) May 14. 1862	1/13st saw h
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, atm, The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, Hausewife SAWYER, BODKKEEPER, etc.	Faraplegia Canal by Octo of onset
9. Industry or business in which work wes dona, as SiLK MILL, SAW MILL, BANK, etc	- Selevis - sclessed
1D. Oeta daceased lest worked et this occupation (month and year) tocsupation	
12. BIRTHPLACE (city or town) Pocks Md (State or country)	Other Coutributory Causes of Importance;
13. NAME Thomas Boughter	
14. BIRTHPLACE (city or town) Junuatal Co	Name of oparation
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME May Sale	23. If death was due to extarnal causas (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town). Marylor (State or country)	Accident, suicide, or homicide?
7. INFORMANT Mrs Cora Fowler (Addrass) Corall md.	Where did injury occur? (Specify city or town, county and State) Spacify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Late Medge Compate June 21,1934	Menner of injury
9. UNDERTAKER Huberl P. Horbeins (Addiass) Delta, Pa	24. Was disease or injury in eny way ralated to occupation of daceased?
20. FILED June 21, 1934) 6. J. Inc Maffe. Registrar.	(Signad) 6 4 Hours M. O. (Address) Card Hull
If more blanks are needed, address State Registrar,	1411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- Indiana - Indi			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stateme	uctions on back of certificate.
N. B.—WRITE PLAINLY, WIT UNFADING INK—THIS IS A PERMANENT RECORD. Eve	mation should be carefully supplied	CAUSE OF DEATH in plain terms,	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 06086
1. PLACE OF DEATH	9
County Hayford	Registration Dist. No. 182
Village or City Belan md	NoSt.,Ward
Length of residence in city or town where death occurred Lifesmo	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?dsds.
2. FULL NAME Dastara Lee	to femus
(a) Residence: No. Bel Que Md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Moj(th) (Day)/ (Yéar)
5a. If married, widowed, or divorced HUSBAND of	1 HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) may 18-1932	I last saw han alive on Jane 7, 193 4; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
2 3 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Growthofmennona game 12-
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and span) occupation	
12. BIRTHPLACE (city or town) Black (Stata or country)	Other Coutributory Causes of Importance:
13. NAME Mark O, Hopking	
13. NAME Mark Q. Hopkins 14. BIRTHPLACE (city or town). Abrungdon	Name of operation Date of
(State or country)	What test confirmed diagnosis? NON-E Was there an autopsy? No
15. MAIDEN NAME Gault Scarff 16. BIRTHPLACE (city or town) Fallstan	23. If death was due to external causes (VIOL ENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) 72llsta (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mach O Hophing (Address) Bila md	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place MM Zian Date June 19, 1934	- Nature of injury
19. UNDERTAKER Degn Y Josha (Address) Belan md	24. Was disease or injury in any way ralated to occupation of deceased? NO
20. FILED 6-19, 1934 Visginia & Chambers Registrar.	(Signed) Willard V. Hullow M. D. (Address) Frest Hell mil
If more blacks are needed, address State Registrar	2471 N. Charles Street Baltimore Requesting 7) S No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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Other contributory causes of importance:		Cally contails to an account of the contains and the cont	
Gallstones	May 1,1923	Chel contributory causes of importance: Gallety itis	1 year
ADDITIONAL SPACE F	OR FUNTA	EASTA EMENT BY PHYSICIAN	

4 4 4	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	1849
17 1	County Harford	Registration Dist. No. /6/
5.5	Village or City Same de Franc Och	St., Ward
= 0		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
INS INS ent	Mahal M. Com	
RD. Every YSICIANS statement	2. FULL NAME ATTACK	
CORD. Every PHYSICIANS oct statement	(a) Residence: No. (Usual place of shode)	St., Ward. If nonresident give city or town and State
RECORD. Every PHYSICIANS Exact statement	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECO PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
E X	Frenzele White OR DIVORCED (write the word)	(Month) (Day) (Yeer)
IDING MANEN A C T I assified.	5a. If married, widowed, or divorced HUSBAND of	
DI TAN	(or) WIFE of	22. I HE/REBY CERTIFY, Thet I ettended decessed from
A SX2	E DATE OF DIDTH (mostly day and was Off the 10 - 1924	I lest saw h elive on
B PE I F I F I F I F I F I F I F I F I F I	6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, et
FOR BI IS A PE stated E properly certificate	10 43 25 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
F(sta sta pro	8 Trade profession or particular	Date of onset
ED HIS be be of of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Dun Maj
SERVI NK-T should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
RESERVED G INK—THIS GE should be that it may be ons on back of	kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed lest worked et this occupation (month and spant in this	
RES IG II AGE that	this occupation (month and spent in this occupation	
Z	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
ADD d.	(State or country) West Virginia	Cacadana
NFADING pplied. AGH terms, so that instructions	13. NAME Walter W. Sourley	
7 4 4 %	13. NAME Walley 14. BIRTHPLACE (city or town)	Neme of operation
70	(Stete of country)	Whet test confirmed diegnosis? Was there en eu'opsy?
WITH fully in pla	15. MAIDEN NAME MAR B. May 16. BIRTHPLACE (city or town)	23. If death was due to externel couses (VIOLENCE) fill in elso the following:
INCT, WI he tareful EATH in p	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homiside?Dete of injury19.9.1
mp mp	(State or country) flowing (arcolina	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, if HOME, or in PUBLIC PLACE.
	17. INFORMANT Par Jackey 1. Durley	Specify whether injury occurred in INDUSTRY, il HOME, or in PUBLIC PLACE.
-E U -	18, BURIAL, CREMATION, OR REMOVAL CONTY CONTY CONTY	Manner of injury Shot alone he are
E 60 .	* Place Converso Bajerto Date June 8 1954	Neture of Injury 1.3 relai from Partial
WRITE mation signal	Menny Trans I was	24. Wes disease or injury in any way related to occupation of deceased?
- TEVEN	19. UNDERTAKER HEMLY Salvering Story	If so, specify
S. B.	20 FILEPERNU 4 1934 Ol Michael	(Signed) W. I. Massely Coroner m.D.
' × Z	20. FILED? Registrar.	(Address) Jobershen Ind.
Buriedat	Conowingo Baptist Cemeters Co	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis () CALLY	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 00000
1. PLACE OF DEATH	100
County /anford	Registration Dist. No. 189
Village or City & Carborolous	No. St., Ward
121 (1	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME of ames B. Str	rley
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Houle Widower	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(01) WIFE OF Clementine Hurley	1 HEREBY CERTIFY, That I attended deceased from
0. 201980	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	last saw huma alive on , 193 /; death is said
1 day,hrs.	to have occurred on the date stated above, at
O ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Joon pruimmus saa ag
Industry or business in which	
SAW MILL, BANK, etc.	ung
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 927) 11. Total time (years) 91 spent in this	
year) occupation	
12. BIRTHPLACE (city or town) A dags	Other Contributory Causes of Importance:
(State or country) Indiama	1 Vi volinitis
II 13. NAME Unknown	
13. NAME UNKNOWN 14. BIRTHPLACE (city or town) Unknown (Stello or country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an aulopsy?
IS. MAIDEN NAME Unanowy	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Unanown 16. BIRTHPLACE (city or town) Unanown (Stella or appetrs)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
E Davis.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) First md	opens another injury occurred in Industria, in Home, of the opens PEACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place orest bill Date June 8, 1934	Nature of Injury
At S. Raion	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address) LO arting to m d	If so, specify
There of 24 mm Ch Kills	(Signed) Willard B. Audson M.D.
20. FILED TWW 1927 Registrar.	(Address) Frust Still and
If more blanks are needed address State Registrar	2277 N. Charles Street Relimons Dougston 91 S. No.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

40000

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

V. S. No. 1 N. B.— of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, se that it may be

STATE OF MARYLAND—CERTIFICATE OF DEATH	00000
1. PLACE OF DEATH	181
County Harford . Registration Dist. No.	101
Village or City & Aferdeen No.	St.,Ward
(If death occurred in a horpital or institution, give its NAME instead of Length of rasidenca in city or town whara death occurred 7 8 yrs, mos. ds. How long in U.S. if of loreign birth? yrs,	
2. FULL NAME Katherine L. Lvins.	
(a) Residence: No. Rogers St. St., Ward.	
(Usual place of abode) If nonresident give city of	town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DI	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	1934
Temale white widowed. Jungmonth) 26 Day;	(Year)
5a. If married, widowed, or divorced #USBAND-of (or) WIFE of 24. 22. June Histheby Sertify. That	attended deceased from
Jerge 19. Jours.	36-tH34.19
6. DATE OF BIRTH (month, day, end year) July 3, 1853 lest sew Her elive on June 2 /34	., 19; death is said
7. AGE Yaars Months Days If LESS than to have occurred on the date stated above, at	
ormin. ware as follows:	Date of onset
8. Trada, profession, or parlicular kind of work done, as SPINNER, Of January Bronchopneumonia	Tana 2 1//
SAWYER, BDOKKEEPER, etc. Bronchopneumonia 9. Industry or business in which Cerebral hemorrhage with	June 24/34
Rind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and spent in this spent in th	June 6/34
1D. Date deceased last worked at this occupation (month and year) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Harford Co. md. Dthar Contributory Causes of Importanca: Arteriosclerosis	Unknown
12. BIRTHPLACE (city or town) Harring Scherosis (State or country)	011111101010
II 13. NAME Richard Carr.	
13. NAME Richard Carr. 14. BIRTHPLACE (city or town). Manyland, Name of operation.	Date of
What test confirmed diagnosis? G. L. L. Was	there an autopsy? NO.
15. MAIDEN NAME Come Mary Osform. 23. If daath was due to external causes (VIOL ENCE) fill in also the Accident, suicide, or homicide? Date of injutes of the company of	e following:
16. BIRTHPLACE (city or town) Maryland Accident, suicide, or homicide? Date of inju	iry, 19
Where did injury occur? (Specify city or town, cour	oty and State)
17. INFORMANT / Mrs John 9. Larring Specify whether injury occurred in INDUSTRY, in HOME, or in F (Address) Werslein and	UBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	
Place 23 a Yarra Clim Date 115 mil 8, 1937 - Natura of Injury	
19. UNDERTAKER of f & Bailey 24. Was disease or injury in any way related to occupation of date	NO NO
	50830U:
(Addrass) LO arking to the of If so, specify	

60000

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Example 1		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

	WI	eful]	in D
	LY,	car	TH
	N. B.—WRITE PEAINLY, WI	mation should be carefull	CAUSE OF DEATH in p
	PE PE	nous	OF
	RITI	ion	USE
0.1	[M	mat	CAI
V. E. No. 1	B.	,	/-
>	Z	-	

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	82:00 , 00000		
County Starfael	Registration Dist. No. / 8		
Village or City Allendeen	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredO_yrsO_mos	s. O ds. How long in U.S. if of foreign birth? 24 yrs. — mos. — ds		
2. FULL NAME Emma Johnson	Winni Flo		
(a) Residence: No. 16 4 3 State Wee)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Recentied	21. DATE OF DEATH June 18 , 1944 (Month) (Oay) (Yee)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Page 1994	(Month) (Oay) (Yeer) 22. I HEREBY CERTIE, That I attended deceased from		
6. DATE OF BIRTH (month, day, end year) De 7 1874	Mast saw her alive on June 19 , 1934; death is sal		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6/5 Pm.		
60 2 1/ I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:		
8. Trade, profession, or particular kind of work dona, as SPINNER Housewife SAWYER, BOOKKEPER, etc.	agage 47 -		
kind of work done, as SPINNER, to use use fee 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at the necessity of the procession of the process	Diel few accounts after		
10. Date deceased last worked at this occupation (menth and death spent in this occupation)			
12. BIRTHPLACE (city or town) British Hest Brider,	Other Centributery Causes of importance:		
(State or country) 13. NAME Jahn Clark	1		
13. NAME Jahr Clark 14. BIRTHPLACE (city or town)	Nama of operation		
(State or country) British Wish Lyden	What test confirmed diagnosis? Was there an autopsy? W		
15. MAIDEN NAME Estig. Gardener 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also tha following:		
16. BIRTHPLACE (city or town) (Stata or country) Brillian That by learn	Accident, suicide, or homlcide? Date of injury, 19		
17. INFORMANT Regional B. Johnstern (Address) Miani Florida	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Placa Muami Blt. Date June 29, 1934	Manner of injury		
19. UNDERTAKER Aury Jarring Sens, (Address)	-24. Was disease or injury in any way related to occupation of deceased? 200		
20. FILED June 70, 19 3 4 CA Alberton	(Signed) hart Kriele M.		
Registrar.	(Address)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	PECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 8 1934	July5,1927	Peritonitis	3 days ago
å b	M KEAL VIE	• 1		
Other contributory causes of importance:		A-10-10-10-10-10-10-10-10-10-10-10-10-10-	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Filed / 11-3184

REGISTRAR

DATE OF BURIAL

Ilf death occurred in a

100

(Year

Hospital or Institution give its NAME instead

of street and number.]

(Day)

ADDRESS

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

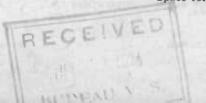
Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner. (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager." "Dealer." etc., without more precise specification, as Day Laborer, Farm laborer, Laborer-Coal mine etc. Women at home who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite saiary), may be entered as House. wife. Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus. Farmer (retired 6 ys.) For persons who have no occupation whatever write None.

Statement of cause of death.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term of

the same diseases. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhold Pneumonia"); Lobar pneumonia: Bronchopneumonis ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, moninges, peritonacum, etc., carcinoma, Barcoma, etc., of (name origin: "Cancer" is less definite: avoid use of "Tumor" for mailgnant neoplasms); Measles, Whooping cough, Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example. Measles (disease causing death), 29 ds; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Angemia." (merely symtomatic), "Atrophy," "Coliapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion." "Heart failure." "Haemorrhage," "Inanition," "Marasmus," Oid age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septichaemia" "PUERPERAL peritionitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such if impossible to determine definitely. Exampies: Accidental drowning: Struck by railway train-accident: Revolver wound of head-homicide: Poisoned by oarbolio acid-Probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory."

BUREAU

Space for additional information by physician



If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		-	

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М	EDICAL CER	RTIFICATI	OF DEATH	
21. DATE O	F DEATH	7		
		A.	- 24	102 16
	((Month)	e 24	(Year)
22.	HEREBY	CERTIF	Y, That I attende	ed deceased from
	, 19	toto	E 62	, 19.5%
I last saw h	r alive on JUNI	E 24-34		; death is said
to have occurred	on the data statad a	bove, at 9	40P	
Tha PRINCIPAL	CAUSE OF DEATH			
were as follows:				Date of onset
CA	RDIO RENAI	DISEA) F	
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Name of operation	1		Data of	
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What test confirm	ad diagnosis?		Was there a	n autopsy?
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What test confirm 23. If death was du	ad diagnosis? e to extarnal causes	(VIOLENCE) f	Was there a	n autopsy?
What test confirm 23. If death was du Accidant, suicide, Whera did injury	ad diagnosis? e to extarnal causes or homicida?	(VIOLENCE) fi	Was there a lill in also the follow	n autopsy? ing: , 19
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What test confirm 23. If death was du Accidant, suicide, Whera did injury	ad diagnosis? e to extarnal causes or homicida?	(VIOLENCE) fi	Was there a lill in also the follow	n autopsy? ing: , 19
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What test confirm 23. If death was du Accidant, suicide, Whera did injury Specify whather in	ad diagnosis? e to extarnal causes or homicida? occur? njury occurred in IN	(VIOLENCE) fi	Was there a lill in also the follow	n autopsy? ing: , 19
What test confirm 23. If death was du Accidant, suicide, Whera did injury Specify whather in Manner of injury Nature of injury	ad diagnosis? e to extarnal causes or homicida? occur? njury occurred in IN	(Specify city or	Was there a lill in also the follow	n autopsy? ing: , 19 tale) PLACE.
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What test confirm 23. If death was du Accidant, suicide, Whera did injury Specify whather in Manner of injury Nature of injury 24. Was disease or If so, specify	ad diagnosis? e to extarnal causes or homicida? occur? njury occurred in IN	(Specify city or NDUSTRY, in HO	Was there a lill in also the follow Data of Injury	n autopsy? ing:, 19 tale) PLACE.
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Registrar.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN

BINDING

RESERVED

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH
County Harbard. THIN COMPONATO LIN	
Village or City Have de Grace Ho	Registration Dist. No. 103
	St., Ward Of death occurred in a hospital or institution, give its NAME instead of street and number)
	os
2. FULL NAME John Menny Ma	ershall,
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male colored Single (write me word)	(Month) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	
(or) WIFE of	1 HEREBY CERTIFY, Thet I ettended decessed from
6. DATE OF BIRTH (month, day, end year) March 5-184	
7. AGE Years Months Deys If LESS than	to have occurred on the dete stated above, at
9/ 3/ // lday,hrs	meter as follows:
8. Trede, profession, or perticuler kind of work done, es SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	1) pe prophis
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, atc 10. Dete decessed lest worked et 11 Total time (years)	1 Torocal
10. Dete decesed lest worked et this occupetion (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	00
	Thauslia
E	
4. BIRTHPLACE (city or town) (State or country)	Neme of operation
15. MAIDEN NAME Kulkuour.	What test confirmed diagnosis? Wes there en eutopsy? Wes there en eutopsy?
16. BIRTHPLACE (city or town) (State or country)	23. If deeth wes due to axternal ceusas (VIOL ENCE) fill in elso the following: Accidant, sulcide, or homicide?
(Stete or country)	Where did injury occur?
17. INFORMANT Seorge Richardson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Have to Grace mid	4
18. BURIAL, CREMATION OR REMOVAL Piece Statement Perus Dete James 1419 3	Mannar of Injury
(D) 1	Neture of Injury
19. UNDERTAKER ALL STATES OF THE CONTROL OF THE CON	24. Wes disease or injury in any wey related to occupation of deceased?
Q. 13 21 8 1 0 4 1 2-6	(Signed) M. Neure
20. FILED JULY 3, 1994 VANULLS J. SALLY Registrat.	(Address) Hayn & Green M. D.
If more blanks are needed, address State Registrat	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BUDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

PLACE OF DEATH

Village or City. Ward) If death occurred in a hospital or Institution, give its NAME inetend. of street and mumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, back WIDOWED may OR DIVORCED (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that instructions (Mouth) (Day) (Year) and that death occurred on the date stated above, at 7 AGE If LESS than l day hrs. termsmos.......ds.or.... min. ? 8 OCCUPATION (a) Trade, profession or piain particular kind of work (b) General nature of industry business, or establishment in ..yrs......mos..,... which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) (Duration). 10 NAME OF FATHER 1934 (Address) ... H BIRTHPLAC RENT OF FATHER *State the Disease Causing Death, or, in deaths from (State or country, Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal, 12 MAIDEN NAME 0 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 18 BIRTHPLACE (1) OF MOTHER. 00 of death yrs. ... mos. da. State, yrs. mos. (State or country) houl Where was disease contracted. MY KNOWLEDGE if not at place of death?..... Former or usual residence (Informant). Every 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 20 INDERTAKER ADDRESS Registrar U more blanks are needed, address State Registrar. 16/W. Saratoga St., Balte., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servent, Cook, ployed, as At school or At home. Care should be taken definite salary). may be entered as Housewije, House household only (not paid Housekvepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) achitional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But lu many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. whatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-(a) Foreman, (b) Automobile factory. The material Statement of Occupation - Precise statement of oc-For many occupations a single word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the lame disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetunus) may be stated under the diseases resulting from childbirth or miscarriage as inges, peritonarum, etc., Carcinoma, Sarcoma, etc., of ture of the injury, as fracture of skull, and conseand qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under "Puerperal septicuemia." "Puerperal peritonitis," can be ascertained as the cause. Always qualify all rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion." "Heart symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, mentrain-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely "Uraemia," "Weakness." etc., when a definite disease vulsions." stated unless important. use of "Tumor" for malignant neoplasms); Poisoned by carbalic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway (secondary or intercurrent) affection need not be .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT BEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Soulle," etc.), cough; Chronic valvular heart disease; (Recommendations on state-Example: Measles (disease failure." "Haemor-"Соша," Mousles; (second-"Conetc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.

STATE OF MARYLAND	-CERTIFICATE OF DEATH 06097
1. PLACE OF DEATH	95-E)
County Starford SITHIN CORPOR	AT LUMITS OF Registration Dist. No. 185
1111 - 210 20 -	/ // OAD 40.
Village or City Faurchie grace	No. St., Ward If death occurred in a hospital or insulation, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME GLEV, Miles of	Mc Manus
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male And OR DIVORCED (write the word)	(Month) (Oay) (Yaar)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death is seld
7. AGE Yaars Months Days If LESS then	to have occurred on the date stated above, at 3 .f _ m.
69 9 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:
Trade profession or particular	Oate of enset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	nafteral Causes
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at func. 11. Total time (years)	squart deace
10. Data daceased last worked at this occupation (month and spent in this spent in this	
year) occupation occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	Other Countries of Importance.
(State or country) Killan Barre Pa	
13. NAME Miles Me Manu	
13. NAME Mules Me Manus 14. BIRTHPLACE (city or town)	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Be Cathern Neary 16. BIRTHPLACE (city or town)	23. If daath was due to external causes (VIOLENCE) fill In also the following:
To 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
(State or country) Oreland	Where did injury occur?
17. INFORMANT Mer. Martha Mc Monn	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
(Addrass) 6 6 bosrupt Adams De	Syran md,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place All Some Dete June 27,193)	Nature of Injury
19. UNDERTAKER AT Baily	24. Was disease or injury In any way related to occupation of deceased?
(Address) Darling Ama	If so, spacify
20, FILED June 27, 19-34 Charles & Foley m S.	(Signed) to M. Moors acty of
Registrar.	(Address) Days de libre

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1 = 4881 eg 300	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 m TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Harford,	Registration Dist. No. 185
Village or City Havre de Greace	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME hlough & mesi	ck
(a) Residence: No. (Vsuai place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wale we to marrie d.	21. DATE OF DEATH June 14 193 4.
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Helen Thomashegie	22. I HEREBY CERTIFY. That I attended decaased from 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) June 28-1886	I last saw h aliva on, 19; death is said
7. AGE Years Months Days If LESS than	to hava occurred on the date stated above, atm.
47 10 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Carpetter.	Fractured Skutt
SAWYER, BOOKKEEPER, etc	results of foul play by persons
work was done, as SILK MILL,	or person unknown to jury
10, Date deceased last worked at this occupation (month and spent in this	
year) occupation occupation	
12. BIRTHPLACE (city or town) Caston,	Other Contributory Canses of importance:
(State or country) rearyland.	
13. NAME Levrye Merick.	
14. BIRTHPLACE (city or town) Saul Shury -	Nama of operation Date of
(State or country) / nuary land.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Clicke Towner	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? homicide Data of injun 14/34 Where did injury occur? Havre de Grace, Md
March Shall But in the	(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place La Luleus Date Luce 18, 1934.	Manner of injury Bester.
Place de Linguis Pare Luca 16, 19 37.	Nature of injury I Machine & Skull
19. UNDERTAKER Leven glong Jon !	24. Was disease or injury in any way related to occupation of deceased?
(Address) Have def Grace, ned	If so, specify
20. FILED JUNE 14, 1934 Charles & Joly, M.S.	(Signed) 1000 54 1100 1100 1100 1100 1100 1100 1
Registrar.	(Address) - A wr au - Cprice

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
4		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND-CERTIFICATE OF DEATH infor 1. PLACE OF DEATH OCC of should County Registration Dist. No. item Village or City Length of residence in city or town where deeth occurred How long in U.S. if of foreign birth?_____yrs.____mos._ statement PHYSICIAN 2. FULL NAME RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State xact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ANENT (Day) assified 5a, If merried, widowad, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from 22. (or) WiFE of × 6 4 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than properl Months to have occurred on the data stated above, at stated 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. ware as follows: Date of onset 8. Trade, profession, or particular THIS OCCUPATION kind of work done, es SPINNER Jo SAWYER, BDOKKEEPER, etc. back may 9. Industry or business in which should work was dona, as SILK MILL, SAW MILL, BANK, atc ... no 10. Date deceesed jast worked et 11. Totel time (yaers) this occupation (month and spent in this AGE that year) _____ occupation . instructions NFADING Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) supplied. terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation (Stete or country) 4 What test confirmed diagnosis?_ Was there an eutopsy? MD carefully ם MOTHER important. 15. MAIDEN NAME 23. If daeth was dua to external causes (VIOL ENCE) fill in also the following: 2 EATH Accidant, suicide, or homicida?______ Date of injury______ 19__ PLAINLY. 16. BIRTHPLACE (city or town) (State or country) Whare did injury occur?. pe (Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17: INFORMANT should (Address) OF 16. BURIAL, CREMATION, DR REMOVAL Menner of Injury -WRITE mation CAUSI Nature of injury TION 24. Was disease or injury in any way related to occupation of daceased? 19. UNDERTAKER (Addrass) if so, specify une /3 19 3 Registrar.

BINDING

FOR

RESERVED

MARGIN

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by steel car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
193		Man Man De la Company of the Company	
Other contributory causes of importance:		Other contributory causes of imperiance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

M X	-WRITE PLAINLY, WIT INFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
MARGIN RESERVED FOR BINDING	THIS IS A PERMANENT	d be stated EXACTLY	y be properly classified.	k of certificate.
MARGIN RESERV	TUNFADING INK-T	lly supplied. AGE should	plain terms, so that it may	TION is very important. See instructions on back of certificate.
•	-WRITE PLAINLY, WI	mation should be careful	CAUSE OF DEATH in p	TION is very important.

B.—WRITE ż

1. PLACE OF DEATH	CERTIFICATE OF BEATH 06100
County Harford. MITHIN CONFORMS	Positivation Diet No. / SAT
Village or City Hapre de Grace (If	No. No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrs,mos.	01 -5
2. FULL NAME (Mat Named)	Lafant Nove
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale white S, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) 8 1934	Most saw har aliwa on January 34; daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, etm.
Italian (- 1 day, mis.	Tha PRINCIPAL CAUSE OF DEATH and ralatad causas of importance wera as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER,	Myram & Extraction
SAWYER, BOOKKEEPER, atc	allivery of
work was done, as SILK MILL, SAW MILL, BANK, atc.	Congenital Websley
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data daceased last worked at this occupation (month and yaar) occupation 1	T.
12. BIRTHPLACE (city or town) Navre de Glace (State or country)	Othar Contributory Causes of importance:
13. NAME FRED MARIE	
E	No. of constitution
14. BIRTHPLACE (city or town) (State or country)	Nama of oparation Date of What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME MARY Janta	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicida?
O 16. BIRTHPLACE (city or town) State	Whare did injury occur?
17. INFORMANT Have de Grandaskital (Address) Have de Grande Hard	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa L. Print Date fine 1 19 9 X	Natura of injury
19. UNDERTAKER leve glowbore. (Addrass) Hove play Trace. Wid.	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED Jaine 9, 1934 Chello J. Foly m. D. Registrar.	(Signad) Leavely toling M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ano Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	BULA	A
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	CI	
	RD. YS.	
	N. B.—WRITE PLAINLY, WITHE NFADING INK—THIS IS A PERMANENT RECORD. Exmation should be carefully supplied. AGE should be stated EXACTLY. PHYSICI. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem TION is your important. See instructions of people of confidence.	
	C Y.	
NG	VEN TTI	
IQI	AA Cassi	
SIN	EX EX	•
R I	ed erly	100
FO]	IS /	
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH NEADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated Electron CAUSE OF DEATH in plain terms, so that it may be properly of the property of the continuous of the configuration of the c	7 70
VE	uld uld	404
EB	Short it m	1
E	SE Int	2
14	AC AC	
GI	ed.	רז מר
AR	NF ppli erm ins	CHI
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Page 1	H	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06101
County Har boy A - 2	Registration Dist. No. 185
Village or City Have de Grace 1	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Search A, Lease (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE CREATED WIDOWED OR DIVORCED (write the word)	21. DATE OF DEATH 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) New 21-1886 7. AGE Years Months Daya If LESS than	to have occurred on the date stated ebove, at
Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows: Date of ones Date of ones
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Refebrutio Subocute
10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spant In this occupation occupation	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) (Steta or country) 13. NAME 14. 13. NAME	
13. NAME O 1 H, Seaso, 14. BIRTHPLACE (city or town) Scarre de Grace (State or country)	Name of operation
15. MAIDEN NAME Sara French	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Plane de Prace, (Stata or country)	23. If daath was due to axtarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?
17. INFORMANT Q. H. Peulo in ale: W. A. (Addrass)	(Specify city or town, couoty and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Janua Ludie June 28, 193 y.	Manner of injury
19. UNDERTAKER Terrestation of the Control of the C	24. Was disease or injury in any way related to accuration of deceased? If so, specify
20. FILEO June 27, 1934 Charles J. Toley, Registrar. If more blanks are needed, address State Registrar,	(Signed) M. (Address) Charles April 1997 All Many

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PEIREAU V. S.	, E		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
CONTRACTOR NOTES IN CONTRACTOR			
			1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06103
1. PLACE OF DEATH	1948)
County Harford, WITHIN CORPOBATE	Registration Dist. No. 185
Village or City Have to Grace,	No. St., Ward
(If Length of residence in city or town where deeth occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If ot foreign birth?
2. FULL NAME Edward D. Sau	uders.
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE; MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cory WIFE of Llisabell, Saunders.	22. I HEREBY CERTIFY That I attended deceased from
0 m + 31 191-7	19.34, to June 6, 19.34
6. DATE OF BIRTH (month, day, and year)	I last sew harmalive on 19.39; deeth Is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date steted above, a 19:30 m.
/6 / 6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as tollows:
8 Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	
SAWYER, BOOKKEEPER, etc.	Contramy Albrasion of
work wes done, as SILK MILL,	right leg
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked at 11. Total time (years)	Wellattes Septicacinia
this occupation (month and spent in this occupation yaar)	Deneral
0.1.4	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Capacitant (State or country)	
	Cardiae Facture
14. BIRTHPLACE (city or town) Capitalian,	
14. BIRTHPLACE (city or town) Capitalia	Name of operation Data ot
1 (State of country) of the cycland.	What test confirmed diegnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If deeth wes due to external causes (VIOL ENCE) fill in also tha following:
5 16. BIRTHPLACE (city or town) Lafethere .	Accident, suicide, or homicide? accident Oate of injury 1934
E (State or country) Wyaryland.	Whera did injury occur? street Islands
17. INFORMANT Mers. Learnie Beijiman	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Have Is Isea 86 De A	Industry
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury 1 Leaving State state fell
Place degeldee Oata June 9, 1934.	on lig I.
as the	
19. UNDERTAKER (Addiess) Cava de Thace, nul,	24. Was disease or injury In any wey related to occupation ot deceased?
14 - 2 34 Black 1 7.0 00 7	(Signed) Charles of Toling M.O.
20. FILED 1997 Marlles J. Solley M. Registrar.	(Address) January de Dutice In
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes f importance were as follows: Attack of epilepsy Bun over by street car Peritonitis	1 week ago
Run over by street car	1 week ago
Peritonitis	
***************************************	3 days ago
Other contributory causes of importance:	1 year

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06104
1. PLACE OF DEATH	(18)
County Harfard July CORPORAT	Registration Dist. No. 185
Village or City Havre de Chace	No. 508 Nevalutión St. Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Horace Steins	
(a) Residence: No. 508 Revolution	St. Ward.
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE. 5. SINGLE, MARRIED, WID OWED, OR DIVORCED (write the word) Marie	21. DATE OF DEATH Some 30 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Corp. WIFE of Corp.	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) and, 1867	1 sst saw h man alive on June 1984; death is said
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at . 4. A. m.
67 6 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chrome alexande Melarites
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) occupation.	Hippulming
12. BIRTHPLACE (city or town) Haire de Grack (State or country)	Other Coutributory Causes of Importance:
0.1	
13. NAME School / Yours) Remen	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME Frances Liggar	23. If death was due to external causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) 508 Perulation 3	Specify whether Injury eccurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PROSPERINGENES COME Date Self 3, 1934	Manner of injury
19. UNDERTAKEN Madiera Mitchell	24. Was disease or injury in any way related to occupation of deceased.
20. FILED July 3, 1934 Charles J. Foly mil	(Signed) M. D.
If more blanks are needed address State Printers	N. Chada Chana P. Linna P. Lin

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
U	~		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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of OCCUPA.

Exact statement

properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

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20. FILEDZ

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06105
1. PLACE OF DEATH	92-01
County Hundard	Registration Dist. No.
Village or City Half State	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Saude Symo.	1s Smith
(a) Residence: No. All All (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June \$193.4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Wast saw ham alive on June 19, 1934; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 390 m.
10 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic Endoraletis Firth
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Place for State or country)	Other Contributory Causes of importance:
13. NAME Jaude Switch	
14, BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME GERGARD CHIEF.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMAND I. Charle Kruylle (Address) Fallstone Miss.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place If Breet Cens Date July 201974	Nature of injury
19. UNDERTAKER Jagueburges & Loots.	24. Was disease or injury in any way related to occupation of deceased? No

(Address) _____

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

RGIN

S. No.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL 5 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

()	0	4	0	say
11	13	- 2	2.4	1
	17	- 15		-

1. PLACE OF DEATH				207-100		
County Harford				Registration Dist. No.		
Village or 0	city Aberdeen	ı, Md.		NoSt.,	Ward	
Length of res	sidence in city or town where d	eath occurred		death occurred in a hospital or institution, give its NAME instead of street and reasonable		
2. FULL NA	ME Unknow	vn				
(a) Resider	nce: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and	State	
PERSON	NAL AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown		21. DATE OF DEATH June 26 (Month) (Day)	, 193 <u>4</u> (Year)			
5a. If married, widov HUSBAND of (or) WIFE of	wed, or divorced unknown			22. I HEREBY CERTIFY, That I attended		
		alenown 10	00 5011	, 19, to		
	FBIRTH (month, day, and year) UNKNOWN 1889 - 1894 Years Months Days If LESS than 1 day,		If LESS than 1 day,hrs.	I last saw h alive on		
1 8 Trada profe		1	ormin_	were as follows:	Date of onset	
NOOLE A SHAME SHAM	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc	Unknown	1			
9. Industry or work wa	business in which is done, as SILK MILL,	,1		Found dead on Pennsylvania		
SAW MI	LL, BANK, etcsed last worked at	11 Total ti		Railroad track		
O 10. Date deceased last worked at this occupation (month and year)						
12. BIRTHPLACE (city or town) unknown				Other Contributory Causes of importance:		
(State or cou	unknown	•				
H 13. NAME	dikilowii					
	E (city or town)			Name of operation Date of What test confirmed diagnosis? Was there an a		
15. MAIDEN NA	ME unknow	vn		23. If death was due to external causes (VIOLENCE) fill In also the following:		
16. BIRTHPLACE	E (city or town)r country)	* • • • • • • • • • • • • • • • • • • •		Accident, suicide, or homicide? Accident Date of injury 6/26 , 1934		
17. INFORMANT J. B. Ray, Constable (Address) Aberdeen		Where did injury occur? Near Aberdeen Md (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
18. BURIAL, CREMATION, OR REMOVAL Place Secrety Home and Date June 16, 1934			16,1934	Manner of injury		
19. UNDERTAKER ALMY Laying Long. (Agdress) Liberthen Vind			long	24. Was disease or Injury In any way related to occupation of deceased? If so, specify		
20. FILED 26 , 184-6 C. Oluchael Registrar.			Chael Registrar.	(Signed) W. O. p. Curas Coro	The f	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	RD	IYS	sta	
	-WRITE PLAINLY, WITH NEADING INK-THIS IS A PERMANENT RECORD	PE	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact sta	
	TR	Y.	<u>@</u>	
5	EN	TI	fied.	
	IAN	AC	assi	
Z	ERN	EX	cla	e.
7	AP	ed	erly	ficat
F	IS	stat	prop	erti
MARGIN RESERVED FOR BINDING	HIS	pe	pe	TION is very important. See instructions on back of certificate.
KV	I	plnc	may	ack
公田	NK	sh	it	on 1
곳 된	[6]	\GE	that	Suc
Z	DIN		08	uctio
KG	(FA	lied	rms,	nstr
A	S	idns	ter 1	ee in
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	W	refu	in	ant.
	LY,	cal	TH	port
	AIN	d be	DEA	7 im
	PL	houl	OF-1	very
	TE	n s	SE	13
	WRI	atio	AU	ION
7	1	E	C	H

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06108
1. PLACE OF DEATH	1248
County Harford. CITAIN CORPORATO	Registration Dist. No. 180
Village of City Havre de Trace,	No. St. Ward
1 1 1 1 1 1 1 1 1	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2 FIRE NAME Charles P- 1(A)	A A A A A A A A A A A A A A A A A A A
(a) Decidence No.	
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE, SSINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH 25, Z (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph John Company	1 HEREBY CERTIFY, That I attended deceased from
PARA OF MARKET 1887 1887	1934 to 1934 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.4. m.
5.4 2 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
L 8 Trade profession or particular	were as follows: The perhaps of the Constant Data of one at
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Broken Comfensolia
11. Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town) St. Michaele. (State or country)	Other Contributory Causes of Importance:
	Celli - 10 no / allen
13. NAME 14. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation. Date of
	What test confirmed diagnosis Least Was there an autopsy? — Q. 23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT MAS. R.P. Nausant (Address) Have de leves my	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, AR REMOVAL Place North Least Lewers June 27,934	Manner of injury
19. UNDERTAKER Levington & Source (Address) Planne & Language Full	24. Was disease or injury In any way related to occupation of deceased? 70
20. FILED June 27, 1934 Charles J. Faley M. D. Registrar.	(Signed) M. D. McLine M. D. (Address) Address M. D. (Address)
If more blanks are needed address State Desirets as	Charles State Billian B. and C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:	T- (-1,	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-00
County Harford	Registration Dist. No. 185
Village or City Haure de Drace	No. 642 M. Stolas St. Ward
95 8 (II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length ot residence in city or town where death occurredyrs,mos.	20 ds. How long In U.S. it of toreign birth? yrs. mos. ds.
2. FULL NAME Momas Michael	While
(a) Residence: No. 642 4. Thees	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	ff nonresident give city or town and State MEDICAL CERTIPICATE OF DEATH
3. SEX 4. COLOR OB, RACE 5. SINGLE, MARRIED, WIDOWED,	M DATE OF DEATH
OR DIVORCED (write the word)	2. DATE OF BEATH June 30 193 4
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
(or) WIFE of Margaret anna White	22. I HEREBY CERTIFY, That I attended deceased from
ingurer anna vi ince	Jan 28 , 1934, 10 June 30 , 1934
6. DATE OF BIRTH (month, day, and year)	Mark saw h alive on 1,430, 1934; death is said
7. AGE Years Months Days tf LESS than 1 day,hrs.	to have occurred on the date stated above, at
8 2 8 20 ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, protession, or particular kind of work done, as SPINNER, Wheel swight	
9. Industry or business in which	areno presous
work was done, as SILK MILL, SAW MILL, BANK, etc.	
0 10. Date deceased last worked at 11. Totel time (yeers)	
this occupation (month and 7433, spent in this 60%, occupation 60%,	Other Coutributory Causes of importance:
12. BERTHPLACE (city or town) of arford &	at a Hemorkan
(State or country)	
13. NAME WHEN TO have	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	Whet test confirmed diagnosis? Was there an aulopsy? Ly
15. MAIDEN NAME CELLE ONLO	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MINISTER IS VILLE	Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Take de Brace III.	
energel will an payely 3 , 19 34	Menner of injury
190 Mad Jm T 1.11	Nature of injury.
(Address) Joseph de Orace Ma	24. Was disease or injury in eny wey related to occupation of deceased?
	(Signed) In Merce M. D.
20. FILEO July 3, 1934 Charles J. Foly M. Z.	(Address) And Free Mac
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

ż

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
J00 G				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			I	

	OF MARYLAND-	CERTIFICATE OF DEATH	1611
1. PLACE OF DEATH		<u> </u>	0
County Alas	and of	Registration Dist. No. / 8	2
Village or City Length of residence in city or town where	deetb-occurred vrs. 4 mo	No. St., St., If death occurred in a hospital or institution, give its NAME instead of street and not see that the second of second	Ward umber)
2. FULL NAME	het you	The state of the s	
	see four	ng	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Male Eal	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 4
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	ymuy.	22. I HEREBY CERTIFY, Thet I attended d	ecaased from
7	11/10/10/10	June 10 1934, to June 28	, 193 %
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	() (=)	death is sai
97	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular		were as follows:	Data of onset
kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc.	Celina	and an all and in	~~~
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at			
10. Dato deceased last worked at this occupation (month and year)	11. Totel time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	5/	Other Contributory Causes of importance:	
(Stata or country)	Va		
13. NAME Crulum			
14. BIRTHPLACE (city or town)	ale.	Neme of operation Date of	
(Stete of country)	Mum	What test confirmed diagnosis? Was there an au	topsy? No
15. MAIDEN NAME	P	23. If death was due to extarnal causes (VIOLENCE) fill in elso tha following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Muy.	Accident, suicide, or homicide? Date of injury	, 19
(Stata or country)	un	Where did injury occur?	
17. INFORMANT CLE AND CARREST (Addrass)	end mu	(Specify city or town, county and State) Specify whather injury occurrad in INDUSTRY, in HOME, or In PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR REMOVAL	0	Manner of Injury	
Place Wayned & H 20	Date 79, 1934	Nature of injury	
19. UNDERTAKER De Com Vo	Talu	24. Was disease or injury in any way related to occupation of daceased?	0
(Address) Belan	ma	If so, specify	
20. FILED June 29, 1934 Les	Rechards on	(Signed) Well and Well and	м. с

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
	OFTION	Y OYC	T CHILLING	OTTALLING	A) A	1 11 1 01012